



CS 7/27/03

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Pear, Jr.	Charles	E.	808-529-7354
MAILING ADDRESS (Street)			FAX
P.O. Box 2800			808-535-8029
(City)	(State)	(Zip Code)	
Honolulu, HI 96803-2800			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
McCorriston Miller Mukai MacKinnon LLP			808-529-7300
MAILING ADDRESS (Street)			FAX
P.O. Box 2800			808-524-8293
(City)	(State)	(Zip Code)	
Honolulu, HI 96803-2800			

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
SVO Pacific, Inc.	407-239-3778	
MAILING ADDRESS (Street)	FAX	
8803 Vistana Centre Drive, Suite 360	407-239-3016	
(City)	(State)	(Zip Code)
Orlando, FL	32821	6359
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Dale Curtin, Senior Vice President and Chief Financial Officer		407-239-3564
MAILING ADDRESS (Street)		FAX
8803 Vistana Centre Drive		407-239-3198
(City)	(State)	(Zip Code)
Orlando	FL	32821

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

Education

Human Services

Science, Technology &  
Economic DevelopmentCommunications &  
Public UtilitiesGovernment Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

Consumer Protection &  
Commerce

Hawaiian Affairs

Labor &amp; Employment

Transportation

Culture, Arts, Historic  
Preservation

Health

Planning, Land & Water  
Use Management☒ Other: (indicate below)Time sharingEcology, Energy  
Environmental Protection

Housing

Public Safety &amp; Corrections

**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Victoria H. Carter, Vice President and Assistant Secretary

NAME OF ORGANIZATION (if applicable)

SVO Pacific, Inc.

TELEPHONE

407-239-3778

MAILING ADDRESS (Street)

8803 Vistana Centre Drive, Suite 360

FAX

407-239-3016

(City)

Orlando

(State)

FL

(Zip Code)

32821-6359

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

(Signature of Authorizing Officer or Person Represented)

(Date)